## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS This appropriate Management of the indicated unless correct maintenance fee notifications.	ted below or directed otl	or tran ig the icrwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLICAT rders and notification of rappets and specifying a new corresponding to the specification of t	ION FEE (if requir naintenance fees wi spondence address;	ed). Blocks 1 through 5 ll be mailed to the curren and/or (b) indicating a se	should be completed where it correspondence address as parate "FEE ADDRESS" for			
	DENCE ADDRESS (Note: Use BI	ock 1 for	any change of address)	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Marvin A. Gla CAHILL, von F 155 Park One 2141 East High	IELLENS & GLAZ	ER P.	L.C. MBELETE2 00000	I he Stat add	Certi reby certify that this es Postal Service wi	ificate of Mailing or Trans Fee(s) Transmittal is being the sufficient postage for fi	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.			
Phoenix, AZ 85		1501		1400.00 D	Marvin A. G	lazer	(Depositor's name)			
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APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		CONFIRMATION NO.				
10/618,511	07/11/2003		· · · · · · · · · · · · · · · · · · ·	Per Bjoerkman		4441-A-31	6599			
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nonprovisional	NO		\$1400	\$300	\$0	\$1700	10/30/2006			
EXAM	EXAMINER		ART UNIT	CLASS-SUBCLASS	]					
KIM, P	AUL D		3729	029-595000						
Address form PTO/S  "Fee Address" ind PTO/SB/47; Rev 03-4 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Un	lication (or "Fee Address 02 or more recent) attach ND RESIDENCE DATA less an assignee is ident	" Indicated. Use	ation form e of a Customer E PRINTED ON	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
(A) NAME OF ASSI	GNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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Please check the appropri	riate assignee category or	catego	ries (will not be pr	rinted on the patent) :	Individual 🖾 Cor	poration or other private g	roup entity Government			
4a. The following fec(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 3				<ul> <li>4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>□ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-0088 (enclose an extra copy of this form).</li> </ul>						
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NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) v tes Pate	vill not be accepte ent and Trademark	d from anyone other than to Office.	he applicant; a regis	tered attorney or agent; or	the assignee or other party in			
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This collection of information is re an application. Confidentiality is g submitting the completed applicati this form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

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IR	ANIONITTAL		Filing Date	10/618,511	i		
	ANSMITTAL		First Named Inventor	7/11/2003 Per Bjoerki			
	FORM		Art Unit				
			Examiner Name	3729			
(to be used for	all correspondence after initial	filing)		Paul D. Kir			
Total Number of Pages in This Submission			Attorney Docket Number	4441-A-31			
		ENC	LOSURES (Check al	i that apply	)		
Amendme Ai Ai Extension Express / Informatio  Certified Documer Reply to Incomple	fter Final  ffidavits/declaration(s)  of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocatic  Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Corks	Address	Appe of Ap Appe (Appe (Appe ) Statu Other below  1) Issue Fe	Allowance Communication to To al Communication to Board peals and Interferences al Communication to TC hal Notice, Brief, Reply Brief) rietary Information is Letter r Enclosure(s) (please Identify v): the Transmittal Form PTOL-85; the amount of \$1,709.00	
<u>-</u>	SIGNA	TURE	OF APPLICANT, ATTO	ORNEY. C	OR AGENT		
Firm Name	Cahill, von Hellens & Gla		· · · · · · · · · · · · · · · · · · ·				
Printed name	Marvin A. Glazer		· .				
Date				Reg. No.	Reg. No. 28,801		
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I hereby certify the sufficient postage the date shown be	e as first class mail in an er	peing facs nvelope ac	imile transmitted to the USP Idressed to: Commissioner f	TO or depos or Patents, I	sited with the U P.O. Box 1450	Inited States Postal Service with , Alexandria, VA 22313-1450 on	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OCT 2 5 2006

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Reperwork Reduction ADENII Effective Fees pursuant to the Consol			rea to res	houn to a collectio			
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For FY 2006			First Named Inv		Bjoerkman		
				Examiner Name		al D. Kim	
Applicant claims sma	all entity status	s. See 37 CFR 1.27		Art Unit	372		
TOTAL AMOUNT OF PA	YMENT (\$)	1709.00		Attorney Docke	et No. 444	11-A-31	
METHOD OF PAYME	NT (check al	l that apply)					
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FEE CALCULATION							
I. BASIC FILING, SEA	RCH, AND	EXAMINATION F	EES	· · · · · ·			•
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Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del></del>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	·
2. EXCESS CLAIM FE	EES			-			Small Entity
Fee Description Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each independent c			ies)			200	100
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SUBMITTED BY				
Signature	Manin	allan	Registration No. 28,801 (Attorney/Agent)	Telephone (602) 956-7000
Name (Print/Type)		7 0		Date Oct. 23, 2006

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